

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90039 042 ***150.00

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DOCUMENT # S97467

1. Entity Name
ITC CONSULTANTS, INC.



Principal Place of Business
**804 WEST LAKE JESSIE DRIVE
WINTER HAVEN FL 33881
US**

Mailing Address
**PO BOX 9114
P O BOX 9114
WINTER HAVEN FL 33883
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt.-#, etc.

Suite, Apt.-#, etc.

City & State

City & State

4. FEI Number **59-3097395**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORDBY, MARK
804 W LAKE JESSIE DR NW
WINTER HAVEN FL 33881**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPT NORDBY, MARK**
STREET ADDRESS **804 W LAKE JESSIE DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-03

Date

8639651185

Daytime Phone #

CR2E034 (4/03)



ITC CONSULTANTS, INC.

July 1, 2003

Glenda Hood, Secretary
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: 2003 FL State ITC Consultants, Inc. filing

Gentlemen:

Please find enclosed ITC check # 1058 in the amount of \$150.00 for the 2003 filing expense. Our offices didn't receive our form that was due May 1, 2003. Therefore, the report form received 1 July 2003 was immediately returned with payment.

Thank you for your consideration in this matter.

Regards,


Mark Nordby, President

Document#S97467

Enclosure